PAGE 1 / 8

Image# 201609209032018403

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	r Other Than Ai	n Authorized	Committee			Office Use O	nly
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼		ple: If typing, the lines.	type	12FE4M5		
Cooperative of America	n Physicians IE	Committee					
ADDRESS (number and street)	333 S Hope St 8th Fl	loor					
Check if different than previously reported. (ACC)	Los Angeles				CA	90071	
2. FEC IDENTIFICATION NUM	IBER ▼	CITY ▲		5	STATE A	ZIP	CODE A
C C00492116		3. IS THIS REPORT	X NEW	N OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	PRE-Elect Report for	the: C Election on ction G	Jun		x Sep	in Sta	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) the ate of Special (30S)
5. Covering Period 08		2016	through	08	31	2016	Y
I certify that I have examined this Type or Print Name of Treasurer	Report and to the backers Rebecca Olson	best of my knowl	edge and bel	ief it is tru	e, correct and	l complete.	
Signature of Treasurer Rebecce	ı Olson		Electronically F		ate 09	/ 19	2016
NOTE: Submission of false, erroneo Office	us, or incomplete info	ormation may subj	ect the person	signing th	is Report to the	-	ORM 3X
Use Only							12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Cooperative of American Physicians IE Committee 80 2016 08 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 910802.75 January 1, 2016 (b) Cash on Hand at 846556.05 Beginning of Reporting Period..... 610.22 575245.02 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1486047.77 847166.27 6(a) and 6(c) for Column B)..... 17550.00 656431.50 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 829616.27 829616.27 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Cooperative of American Physicians IE Committee

	I. Receipts	COLUMN A	COLUMN B		
		Total This Period	Calendar Year-to-Date		
1. Co	ontributions (other than loans) From:				
(a)					
	Than Political Committees	550.00	574745.00		
	(i) Itemized (use Schedule A)	550.00	574715.00		
		0.00	0.00		
	(ii) Unitemized	0.00	0.00		
	(iii) TOTAL (add	550.00	574715.00		
	Lines 11(a)(i) and (ii)▶	330.00	01111000		
/h.	Delitical Barty Committees	0.00	0.00		
(b)	-	3.00			
(c)	Other Political Committees (such as PACs)	0.00	0.00		
(d)					
(u)	11(a)(iii), (b), and (c)) (Carry				
	Totals to Line 33, page 5)	550.00	574715.00		
) Tr	ansfers From Affiliated/Other		7 7		
	rty Committees	0.00	0.00		
1 6	inty Committees	3.00	7 7 7		
R All	Loans Received	0.00	0.00		
,. , tii	Louis Rossivou				
	an Danasanata Danaisad	0.00	0.00		
	an Repayments Received	0.00	0.00		
	fsets To Operating Expenditures				
	efunds, Rebates, etc.)	0.00	0.00		
	arry Totals to Line 37, page 5)	0.00	0.00		
	funds of Contributions Made Federal Candidates and Other				
	litical Committees	0.00	0.00		
	her Federal Receipts	0.00	0.00		
		60.22	530.02		
	ividends, Interest, etc.)ansfers from Non-Federal and Levin Funds	60.22	550.02		
	Non-Federal Account				
(a)	(from Schedule H3)	0.00	0.00		
	(non concado no)	0.00	0.00		
,		0.00	0.00		
(b)	Levin Funds (from Schedule H5)	0.00	0.00		
	Total Transfers (add 18(a) and 18(b))	0.00	2.22		
(-)		0.00	0.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursen	nents	COLUMN A Total This Period	COLUMN B
21. Operating Expenditures:		Iotai IIIIs Peliou	Calendar Year-to-Date
(a) Allocated Federal/No Activity (from Sched			
		0.00	0.00
(ii) Non Fodoral Ch		0.00	0.00
(ii) Non-Federal Sh (b) Other Federal Opera	are	0.00	0.00
Expenditures		17550.00	556085.94
(c) Total Operating Exp			
(add 21(a)(i), (a)(ii),	1 11	17550.00	556085.94
2. Transfers to Affiliated/Oth	·	0.00	0.00
Committees 3. Contributions to		0.00	0.00
Federal Candidates/Com and Other Political Comr		0.00	0.00
. Independent Expenditure	s		
(use Schedule E)		0.00	100345.56
(2 U.S.C. §441a(d)) (use Schedule F)	iuitui 63	0.00	0.00
(use Schedule F)		79	0.00
6. Loan Repayments Made		0.00	0.00
	F		
7. Loans Made 3. Refunds of Contributions		0.00	0.00
(a) Individuals/Persons	Other	0.00	0.00
` Than Political Comn	illitees	0.00	0.00
(b) Political Party Comm	nittees	0.00	0.00
(c) Other Political Comr	mittees		
(such as PACs)		0.00	0.00
(d) Total Contribution R	efunds		
(add Lines 28(a), (b		0.00	0.00
	·		
9. Other Disbursements		0.00	0.00
Federal Election Activity	(2 11 5 C 8431(20))		
(a) Allocated Federal El			
(from Schedule H6)			
(i) Federal Share		0.00	0.00
(")		0.00	0.00
(ii) "Levin" Share(b) Federal Election Act		3.00	
With Federal Fu		0.00	0.00
(c) Total Federal Election			
Lines 30(a)(i), 30(a))(ii) and 30(b))▶	0.00	0.00
Total Dichurage anto /	d Lines 21/s) 22		
 Total Disbursements (add 23, 24, 25, 26, 27, 28(d) 		17550.00	656431.50
20, 27, 20, 20, 21, 20(u)	, 20 and 00(0))	17550.00	000431.50
2. Total Federal Disburseme	ents		
(subtract Line 21(a)(ii) ar			
from Line 31)	▶	17550.00	656431.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	550.00	574715.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	550.00	574715.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	17550.00	556085.94
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	17550.00	556085.94

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMB (check only one)

(check only one)			PAGE	6	OF	8			
(check only one)									
	×	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	o sonor communions nom such committee.
NAME OF COMMITTEE (In Full) Cooperative of American Physics	sicians IE Committee	
Full Name (Last, First, Middle Initial) Cooperative of American Physician Mailing Address 333 S Hope St 8th Floor City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2016 Primary General Calendar Year	State Zip Code CA 90071 C Occupation Aggregate Year-to-Date ▼ 574715.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M = M / D = D / Y = Y = Y = Y Amount of Each Receipt this Period Memo Item
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	550.00
TOTAL This Period (last page this line numb	er only)	550.00

S П

S	CHEDULE A (FEC Form 3X)	I		FOR LINE NUMBER: PAGE 7 OF 8						
	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
П	EIVIIZED RECEIP 13		for each category of the Detailed Summary Page	11a 11b 11c 12						
			Dotailed Guillinary Lage	13 14 15 16 🗶 17						
	y information copied from such Reports and State for commercial purposes, other than using the na									
	NAME OF COMMITTEE (In Full)									
\rangle	Cooperative of American Physicia	ıns IE C	Committee							
Α.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Date of Receipt								
	Mailing Address 333 S Grand Ave	08 31 _ 2016 _								
	City	State	Zip Code	Transaction ID: 17-197-0						
	Los Angeles	CA	90071	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		60.22						
	Name of Employer C	Occupation		Memo Item Interest Earned						
	Receipt For: 2016	Aggregate	Year-to-Date ▼							
	Primary General	199.191.11								
	Other (specify) Calendar year		530.02							
В.	Full Name (Last, First, Middle Initial)	Date of Receipt								
	Mailing Address			M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing	<u></u>								
	federal political committee.	С								
	Name of Employer	Occupation		Memo Item						
	Receipt For:	\ aaroaato	Year-to-Date ▼	_						
	Primary General	Aggregate	Teal-to-Date ▼							
	Other (specify) ▼		.							
<u>с.</u>	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address			M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer	Occupation		Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼									
s	UBTOTAL of Receipts This Page (optional)			60.22						

TOTAL This Period (last page this line number only).....

60.22

Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of commercial purposes, other than using the name and address of any policical committee or solicit contributions from such committee. NAME OF COMMITTEE (in Full) Cooperative of American Physicians IE Committee Full Name (Last, First, Middle Initial) Capital Advocacy, LLC Mailing Address 1301 Street Chay Sacramento Chay Siste Zip Code Sacramento Consultant: Federal Public Policy Cardidates Name Collegory: Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor City Siste Zip Code Saramento Consultant: Federal Public Policy Cardidates Name Consultant: First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor City Siste Zip Code Purpose of Disbursement Persistent Chay Siste Siste Siste Siste Sistence Candidate Name Category: Transaction ID : 218-199-N Amount of Each Disbursement Date of Disbursement Transaction ID : 218-199-N Amount of Each Disbursement Date of Disb	SCHEDULE B (FEC Form 3X)	Hee estate to the	a/a\		R LINE NUMBER: PAGE 8 OF 8						
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of saliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees. NAME OF COMMITTEE (In Full) Copperative of American Physicians IE Committee Full Name (Last, Frist, Middle Initial) Capitol Advocacy, LLC Mailing Address 1301 I Street City State Zip Code Sacramento CA 95814 Purpose of Disbursement Consultant Federal Public Policy Candidate Name Office Sought: House Disbursement For: Greater Physicians Mailing Address 333 S Hope St 8th Floor City State: Zip Code Category' Type Office Sought: House Disbursement For: Greater Physicians Mailing Address 333 S Hope St 8th Floor City State: District: Category' Type Office Sought: House Disbursement For: Greater Physicians Mailing Address 333 S Hope St 8th Floor City State: District: Category' Type Office Sought: House Disbursement For: Greater Physicians District: District: Category' Type Office Sought: House Disbursement For: Greater Physicians District: District: Category' Type Office Sought: House Disbursement For: Greater Physicians District: Category' Type Office Sought: House Disbursement For: Greater Physicians Category' Type Office Sought: House Disbursement For: Greater Physicians Category' Type Office Sought: House Disbursement For: Greater Physicians Category' Type Office Sought: House Disbursement For: Greater Physicians Category' Type Office Sought: House Disbursement For: Greater Physicians Category' Type Office Sought: House Disbursement For: Greater Physicians Category' Type Office Sought: House Disbursement For: Greater Physicians Category' Type Office Sought: House Disbursement For: Greater Physicians Category' Type Office Sought: House Disbursement For: Greater Physicians Category' Type Office Sought: House Disbursement For: Greater Physicians Category' Type Office Sought: House Disbursement For: Great	ITEMIZED DISBURSEMENTS	for each category of	f the			22] 24			
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Cooperative of American Physicians IE Committee Full Name (Last, First, Middle Initial) Captiol Advocacy, LLC Mailing Address 1301 Street City State CA 95814 Purpose of Disbursement Consultant Federal Public Policy Candidate Name Other (specify) ▼ Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor City City State Disbursement In-Kind: Administrative Services Candidate Name Office Sought: House President Disbursement In-Kind: Administrative Services Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor City Senate Primary General Other (specify) ▼ Transaction ID : 218-199-N Amount of Each Disbursement this Period Category' State: Disbursement Other (specify) ▼ Transaction ID : 218-103 Amount of Each Disbursement this Period Category' State: District Full Name (Last, First, Middle Initial) Candidate Name Category' State: District Full Name (Last, First, Middle Initial) Candidate Name Category' Transaction ID : 218-103 Amount of Each Disbursement Other (specify) ▼ Transaction ID : 218-103 Amount of Each Disbursement Other (specify) ▼ Transaction ID : 218-103 Amount of Each Disbursement Other (specify) ▼ Transaction ID : 218-103 Amount of Each Disbursement Other (specify) ▼ Transaction ID : 218-103 Amount of Each Disbursement Other (specify) ▼ Transaction ID : 218-103 Tran									30		
NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee Full Name (Last, First, Middle Initial) Capitol Advocacy, LLC Mailing Address 1301 I Street City Sacrament Consultant Foderal Public Policy Candidate Name City Searate Primary State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City State: District Full Name (Last, First, Middle Initial) City Candidate Name City Category/ Type State: District Full Name (Last, First, Middle Initial) City State: City Category/ Type State: City Category/ Type Category/ Type Category/ Type District Full Name (Last, First, Middle Initial) City Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Memo Item Transaction ID: 218-199-N Amount of Each Disbursement District Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Transaction ID: 218-403 Amount of Each Disbursement Category/ Type Transaction ID: 218-403 Amount of Each Disbursement Category/ Type Memo Item Transaction ID: 218-403 Amount of Each Disbursement Category/ Type Memo Item Transaction ID: 218-403 Amount of Each Disbursement Category/ Type Memo Item Transaction ID: 218-403 Amount of Each Disbursement Transaction ID: 218-403 Amount of Each Disbursement Transaction ID: 218-403 Amount of Each Disbursement Transaction ID: 218-403 Transaction ID: 218-403 Amount of Each Disbursement Transaction ID: 218-403 Transaction											
Cooperative of American Physicians IE Committee Full Name (Last, First, Middle Initial) A. Capitol Advocacy, LLC Mailing Address 1301 Street City	\	ie and address of any	political cc	minittee to	SUIICIT CON	anoituaiu	norn such	committe	ਰਦ. 		
A. Capitol Advocacy, LLC Mailing Address 1301 I Street City State Zip Code CA 95814 Purpose of Disbursement Consultant Federal Public Policy Candidate Name Consultant Federal Public Policy Candidate Name Disbursement For: Senate Primary General Primary General Public State Zip Code CA 90071 Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor City State Zip Code CA 90071 Purpose of Disbursement Initial Physicians Mailing Address Services Candidate Name Category/ Type Disbursement This Period Category/ Type Disbursement This Period Amount of Each Disbursement this Period Category/ Type Sought: House Senate Priesident Other (specify) ▼ Full Name (Last, First, Middle Initial) P. M. Restaurants/Consulting, Inc. Mailing Address PO Box 518 City State Zip Code CA 92822 Purpose of Disbursement Point Senate Priesident Other (specify) ▼ State: District District District State Zip Code CA 92822 Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Transaction ID : 21B-403 Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Type Type Type Type Type Type Type Type		s IE Committee	;								
A. Capitol Advocacy, LLC Mailing Address 1301 I Street City State Zip Code CA 95814 Purpose of Disbursement Consultant Federal Public Policy Candidate Name Consultant Federal Public Policy Candidate Name Disbursement For: Senate Primary General Primary General Public State Zip Code CA 90071 Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor City State Zip Code CA 90071 Purpose of Disbursement Initial Physicians Mailing Address Services Candidate Name Category/ Type Disbursement This Period Category/ Type Disbursement This Period Amount of Each Disbursement this Period Category/ Type Sought: House Senate Priesident Other (specify) ▼ Full Name (Last, First, Middle Initial) P. M. Restaurants/Consulting, Inc. Mailing Address PO Box 518 City State Zip Code CA 92822 Purpose of Disbursement Point Senate Priesident Other (specify) ▼ State: District District District State Zip Code CA 92822 Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Transaction ID : 21B-403 Transaction ID : 21B-403 Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Type Type Type Type Type Type Type Type	Full Name (Last, First, Middle Initial)										
Mailing Address 1301 I Street City City Candidate Name Candidate Name City Candidate Name Candidate Name Candidate Name City Candidate Name Candidate Name Candidate Name City Senate President In-Kind: Administrative Services Candidate Name Candidate Name Category' Type Disbursement For: Senate Primary Consultri Primary Conerative of American Physicians Mailing Address 333 S Hope St 8th Floor City Senate President In-Kind: Administrative Services Candidate Name City Senate President Cher (specify) Transaction ID: 218-199-N Amount of Each Disbursement this Period Category' Type Transaction ID: 218-199-N Amount of Each Disbursement this Period Category' Type Transaction ID: 218-199-N Category' Type Memo Item Transaction ID: 218-199-N Category' Type Transaction ID: 218-199-N Amount of Each Disbursement this Period Category' Type Transaction ID: 218-199-N Amount of Each Disbursement this Period Category' Type Transaction ID: 218-199-N Amount of Each Disbursement this Period Category' Type Transaction ID: 218-199-N Amount of Each Disbursement Other (specify) Transaction ID: 218-199-N Amount of Each Disbursement Other (specify) Transaction ID: 218-109-N Amount of Each Disbursement Other (specify) Transaction ID: 218-109-N Amount of Each Disbursement Other (specify) Transaction ID: 218-109-N Amount of Each Disbursement this Period Category' Type Transaction ID: 218-109-N Amount of Each Disbursement this Period Category' Type Transaction ID: 218-109-N Amount of Each Disbursement this Period Other (specify) Transaction ID: 218-109-N Amount of Each Disbursement this Period Other (specify) Transaction ID: 218-109-N Transaction ID: 218-109-N Amount of Each Disbursement this Period Other (specify) Transaction ID: 218-109-N Transaction ID: 218-109-N Transaction ID: 218-109-N Transaction ID: 218-109-N Amount of Each Disbursement this Period Other (specify) Transaction ID: 218-109-N Transaction ID: 218-109-N Transaction ID: 218-109-N Transaction ID: 218-109-N T	A. Capitol Advocacy, LLC					_					
Sacramento Consultant: Federal Public Policy Candidate Name Office Sought:	Mailing Address 1301 I Street								Y		
Sacramento Consultant: Federal Public Policy Candidate Name Consultant: Federal Public Policy Candidate Name Disbursement For: Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Coperative of Disbursement In-Kind: Administrative Services Candidate Name Category/ Type Date of Disbursement Date of Disbursement this Period Date of Disbursement Date of Di	·				Tranca	action ID	: 21R-402				
Consultant: Federal Public Policy Candidate Name Category/Type Sonote Primary General President Other (specify) ▼		CA 95814			пdПSa	zouon ID	402-تا، ـ .				
Office Sought:				001	Amount	of Each	Disburseme	nt this F	Period		
Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) Coperative of American Physicians Mailing Address 333 S Hope St 8th Floor City State Zip Code CA 90071 Prupose of Disbursement In-Kind: Administrative Services Candidate Name Office Sought: House Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) President Distresment President Distresment President State: District: Full Name (Last, First, Middle Initial) P.M. Restaurants/Consulting, Inc. Mailing Address PO Box 518 City State Zip Code CA 92822 Prupose of Disbursement Poilical Strategy Consulting Candidate Name Category/ Type Date of Disbursement Disbursement For: Date of Disbursement President District District: Date of Disbursement Disbursement Disbursement For: Date of Disbursement Disburse	Candidate Name							5000.0)0		
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor City State Zip Code CA 90071 Purpose of Disbursement In-Kind: Administrative Services Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) President Other (specify) Full Name (Last, First, Middle Initial) P.M. Restaurants/Consulting, Inc. Mailing Address PO Box 518 City State Zip Code CA 92822 Purpose of Disbursement Political Strategy Consulting Candidate Name Category/ Type Transaction ID: 21B-199-N Amount of Each Disbursement Date of Disbursement Transaction ID: 21B-403 Amount of Each Disbursement Other (specify) Transaction ID: 21B-403 Amount of Each Disbursement this Period Category/ Type 12000.00 Office Sought: House Disbursement For: Senate President Other (specify) Other (specify) Transaction ID: 21B-403 Amount of Each Disbursement this Period Memo Item 17550.00	Office Squaht: House	nent For:			<u> </u>			5500.0			
State: District: Other (specify) Full Name (Last, First, Middle Initial) 3. Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor City			eral		Men	no Item					
Full Name (Last, First, Middle Initial) Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor City State Zip Code CA 90071 Purpose of Disbursement In-Kind: Administrative Services Candidate Name Category/ Type District: Primary General Other (specify) State: Disbursement Portical Strategy Consulting City State Zip Code CA 90071 Transaction ID : 21B-199-N Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Date of Disbursement this Period Transaction ID : 21B-199-N Date of Disbursement this Period Date of Disbursement this Period Transaction ID : 21B-199-N Date of Disbursement this Period Transaction ID : 21B-199-N Date of Disbursement Date of Disbursement this Period Category/ Type Transaction ID : 21B-403 Amount of Each Disbursement this Period Category/ Type Date of Disbursement D	President										
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